

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

01529521

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8	1					
9		1				
10		2				
11		3				
12		4				
13		5				
14		6				
15		7				
16		8				
17		9				
18		10				
19		11				
20		12				
21	1					
22		1				
23		2				
24		3				
25		4				
26		5				
27		6				
28		7				
29		8				
30		9				
31	1					
32		1				
33		2				
34		3				
35		4				
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43		12				
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45		14				
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47		16				
48		17				
49		18				
50		19				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	31	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						